PRINTED: 08/28/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS129AGZ 08/25/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3225 BRAZOS STREET** LAS VEGAS ALZ & MEM CARE 2 LAS VEGAS, NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 8/25/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for ten Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified: Y 223 Y 223 449.213(3) Laundry-Linen - Equipment, Venting SS=C NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in

PRINTED: 08/28/2009

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS129AGZ

NAME OF PROVIDER OR SUPPLIER

LAS VEGAS ALZ & MEM CARE 2

FORM APPROVED

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
B. WI

LAS VEGAS ALZ & MEM CARE 2		3225 BRAZOS STR LAS VEGAS, NV 89		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT		PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COMPLETI O THE APPROPRIATE DATE
Y 223	Continued From page 1 a room or enclosure.	Y 223		
	This Regulation is not met as evidenced by Based on observation on 8/25/09, the facility failed to ensure at least the dryer was venter outside the building. Severity: 1 Scope: 3	/		
Y 273 SS=E		Y 273		
	NAC 449.2175 4. A resident who has been placed on a spediet by a physician or dietitian must be provimeal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by physician or dietitian are kept on file for at lego days.	ded a		
	This Regulation is not met as evidenced by Based on observation and record review on 8/25/09, the facility failed to modify the ment low sodium diet for 4 of 10 residents (Reside #2, #3, #6 and #9).	u for a		
	Severity: 2 Scope: 2			
Y 306 SS=D	449.218(5)(b) Bedrooms - Closet Space NAC 449.218 5. Each resident must be provided:	Y 306		

PRINTED: 08/28/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
								LAS VEGAS ALZ & MEM CARE 2
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Y 306	(b) At least 24 inches of space in a permanent or portable closet for hanging garments. This Regulation is not met as evidenced by: Based on interview and observation on 8/25/09, the facility failed to provide 24 inches of hanging space for 3 of 10 residents. Interview with Employee #1 reveals the portable closet broke. There is a closet in the hallway outside bedroom #2, however Employee #1 states residents are not allowed to use that closet. Severity: 2 Scope: 1			Y 306				
Y 445 SS=F	449.229(10) Exit doo	rs		Y 445				
	be equipped with a lo	residential facility must ock which requires a ke e unless approved by the r his designee.	y to					
	Based on observation failed to ensure the fr	ot met as evidenced by n on 8/25/09, the facility ront door, and the door uipped with a lock that in it from the inside.	/					
	Severity: 2 Sco	pe: 3						
Y 626 SS=D	449.2702(6)(b)(1,2,&	3) Restraint Definition		Y 626				
	NAC 449.2702							

PRINTED: 08/28/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS129AGZ 08/25/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3225 BRAZOS STREET** LAS VEGAS ALZ & MEM CARE 2 LAS VEGAS, NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 626 Continued From page 3 Y 626 6. As used in this section: (b) "Restraint" means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. This Regulation is not met as evidenced by: Based on observation on 8/25/09, the facility failed to ensure 2 of 10 residents (Resident #5 and #8) were not restrained by the use of full bed rails. Severity: 2 Scope: 1 Y 908 449.2746(2)(a)-(f) PRN Medication Record Y 908 SS=C NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration;

(c) The dose administered;

medication:

(d) The results of the administration of the

(e) The initials of the caregiver; and

PRINTED: 08/28/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS129AGZ 08/25/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3225 BRAZOS STREET** LAS VEGAS ALZ & MEM CARE 2 LAS VEGAS, NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 908 Y 908 Continued From page 4 (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident 's physician. This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure the medication record was complete for 3 of 4 residents receiving as needed (PRN) medications (Resident #1, #7 and #8). Severity: 1 Scope: 3 Y 936 Y 936 449.2749(1)(e) Resident file SS=F NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by: Based on record review on 8/25/09, the facility failed to ensure 1 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #7) which affected all residents. The facility failed to provide a positive TB test result for Resident #7, there was a negative chest x-ray in the file.

PRINTED: 08/28/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NV		NVS129AGZ	NVS129AGZ		B. WING		08/25/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		0.2000	
I I A S VEGA S A I 7 & MEM CAPE 2			3225 BRAZOS STREET LAS VEGAS, NV 89109					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
Y 936	Continued From page 5			Y 936				
	Employee #1 stated that resident is allergic to TB test and her son will try to get the test result from 2007.							
	Severity: 2 Scope: 3							
Y 994 SS=F	NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation on 8/25/09, the facility failed to ensure knives, scissors, and razor were inaccessible to the residents. Razor was found in caregiver closet, scissors and pliers were found unsecured in Bedroom #6, and metal knives and forks were found in two unlocked drawers in the kitchen.			Y 994				
			er					
			were und in und and					
	This is a repeat defici Annual State Licensu	ency from the 10/23/08 re survey.	}					
	Severity: 2 Scop	pe: 3						
Y 999 SS=F	449.2754(1)(g) Alzhe	imer's Facility		Y 999				
	NAC 449.2756							

PRINTED: 08/28/2009 FORM APPROVED

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS129AGZ 08/25/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3225 BRAZOS STREET** LAS VEGAS ALZ & MEM CARE 2 LAS VEGAS, NV 89109 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 999 Continued From page 6 Y 999 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (q) All toxic substances are not accessible to the residents of the facility. This Regulation is not met as evidenced by: Based on observation on 8/25/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In laundry room bleach, cleaning products, laundry detergent was observed in an unsecured closet. This is a repeat deficiency from the 10/23/08 annual state licensure survey. Severity: 2 Scope: 3